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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Farmer, S.

SERIAL NUMBER: 09/708,870

EXAMINER: Not Yet Assigned

FILING DATE: November 8, 2000

ART UNIT: 1633

FOR: Inhibition of Pathogens by Probiotic Bacteria

Box IDS

Commissioner for Patents
U.S. Patent and Trademark Office
P.O. Box 2327
Arlington, VA 22202

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Pursuant to the duty of disclosure under 37 C.F.R. §§1.56, 1.97 and 1.98, Applicant hereby makes of record the documents listed on the attached modified Supplemental Form PTO-1449 (submitted in duplicate) in the above-identified application, copies of which are submitted herewith. The order of presentation of the references should not be construed as an indication of the importance of the references.

This Supplemental Information Disclosure Statement is being filed before the mailing date of a first Office Action on the merits in the above-identified case. Accordingly, no fee or certification is believed required as set forth in 37 C.F.R. §1.97.

A copy of each of the above-identified information is enclosed unless otherwise indicated on the attached modified Supplemental Form PTO-1449. It is respectfully requested that the Examiner consider completely the cited information, along with any other information, in reaching a determination concerning the patentability of the present claims, and signs the enclosed Supplemental Form PTO-1449 to evidence that the cited information has been fully considered by the PATENT AND TRADEMARK OFFICE during the examination of this application.

Applicants: Farmer, S.
U.S.S.N.: 09/708,870

Please charge any additional fees that may be due, or credit any overpayment of same, to
Deposit Account No. 50-0311 (Reference No.19374-509 (GND-9)).

Respectfully submitted,



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Dated: December 7, 2001

TRA 1604081v1

12-10-01
Express Mailing Label: EL 862266858US
Date of Deposit: December 7, 2001

1633
Attorney Docket No: 19374-509(GND-9)



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TRANSMITTAL LETTER

Transmitted herewith for filing in the present application are the following documents:

1. Supplemental Information Disclosure Statement (2 pages);
2. Modified PTO Form 1449 (2 pages, in duplicate);
3. Cited References A1-A10, B1-B2, C1-C55; and
4. Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 19374-509 (GND-9). A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

IA Beattie

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Dated: December 7, 2001